

MAR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MarionRegistration District No. 548Township LibertyPrimary Registration District No. 4323City Palmyra

(No. _____)

File No. 7233Registered No. 10

St. _____

Ward _____

2. FULL NAME

Ella Nora Maupin

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Joel R. Maupin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 3-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

80724

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Palmyra Missouri13. NAME Felding I Lemming

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky15. MAIDEN NAME Elizabeth Lear

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Mrs. Clem Baker Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Greenwood Palmyra Mo.DATE 3-3

1937

19. UNDERTAKER (ADDRESS)

E. J. Sprague Palmyra, Mo.

20. FILED

Mar. 1, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 27 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1937 to Feb. 27 1937I last saw him alive on Feb. 27 1937. Death is saidto have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertension with cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

W. J. H. Hall

, M. D.

(Address)

Palmyra, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

